Project AWARE Ohio

Ohio Department of Education

Mental Health Network for School Success

MIAMI UNIVERSITY Center for School-Based Mental Health Programs
What is Project AWARE Ohio About?

Component 1
Community-wide Coordination to Address Mental/Behavioral Health Needs of School Age Youth

Component 2
Raising Awareness and Increasing Skills to Identify and Respond to Signs of Mental Illnesses within School Aged Youth (Youth Mental Health First Aid)
Project AWARE Ohio Partners
Project AWARE Ohio Goals

- Build the relationships and systems to get the work done
- Use a strategic process to address behavioral health in schools
- Acknowledge and address barriers
- Find ways to keep the work going after the end of grant funding

Ohio Department of Education

Miam University Center for School-Based Mental Health Programs

Mental Health Network for School Success
Youth Mental Health First Aid

Youth Mental Health First Aid USA
FOR ADULTS ASSISTING YOUNG PEOPLE
Information Sharing

Information Briefs

Mental Health Screening Tools

SCHOOL-BASED MINDFULNESS INTERVENTIONS

WHAT IS MINDFULNESS?

Although there is no one agreed upon definition for mindfulness, it is often defined as the practice of “paying attention on purpose. In the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 48). In short, it involves focusing one’s attention (Rempet, 2012). Mindfulness is said to have originated some two and a half thousand years ago from the religious traditions of Buddhism (Tian and Vietze, 2014). Around the late 1970s, Jon Kabat-Zinn introduced mindfulness to Western cultures as a secular health practice (Burke & Hawkins, 2002). Since then, mindfulness has become a very popular practice due to its various mental and physical health benefits (Kieliszek et al., 2012).

Mindfulness practice can take many forms. Youth interventions that have been shown to be effective include yoga, meditation, Tai Chi, breathing exercises, and body scan (Rempet, 2002). Two of the more commonly recognized interventions include mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) (Rempet, 2002). MBCT focuses on “mindful eating, body scan, sitting meditation, restful yoga, walking meditation, and mindfulness in everyday living” (Beit & Kirschen, 2006 as cited in Rempet, 2012, p. 30). MBSR, on the other hand, focuses on handling negative or depressing thoughts by teaching participants to notice their thoughts and feelings in a non-judgmental way (Rempet, 2012). However, Fawcett, Bouvy, Driessen, & Long (2003) argue that mindfulness is only fully practiced when its three components—mindfulness awareness, mindful responsibility, and mindful effort—are integrated and used together so that the full spectrum of positive effects can be experienced.

The brief was developed for Project Aware under grant number D03AA000416 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

We also would like to acknowledge the Ohio Department of Education for their support of this work.

Prepared by Allison Smith, Amy Nalborczyk, & Loraine Hlava, Miami University

MINDFULNESS IN THE SCHOOLS

Originally, much of the research on mindfulness practices focused on adult populations (Broderick & Frank, 2016). As a result, there is extensive evidence supporting the various health benefits for this population within the literature (e.g., Shapiro, Brown, & Krasner, 2007; Davidson et al., 2015, 2017).

Only more recently have researchers begun to examine whether children and adolescents can also benefit from developmentally adapted mindfulness practices implemented in the school setting (Frank, Jennings, & Greenberg, 2013).

THE PROMISE OF SCHOOL-BASED MINDFULNESS INTERVENTIONS

Mindfulness programs in schools have taken varied forms, but have generally produced promising results (see Table 1 below).

Mental Health

In terms of mental health outcomes, mindfulness programs have often shown decreases in stress levels (Costello & Lawler, 2014), decreased depression (Lewin, 2013), reduced anxiety (Bluth et al., 2015; Kusen et al., 2015), improved self-esteem (Kusen et al., 2015; Woods et al., 2014), and depression symptoms (Kal et al., 2012; Edwards et al., 2015; Bluth et al., 2015; Kusen et al., 2015), along with increases in emotional well-being (Marks, Mantovan, & Urwath, 2015; and self-compassion (Edwards et al., 2014) among participants.

Behavior & Physical Health

Benefits have also been shown to extend to behavior and physical health as well. Some commonly reported outcomes include: increased on-task behavior (Carlson, Fuoth & Proctor, 2013), improved self-control (Mandel et al., 2010), and prosocial behavior (Schwartz et al., 2015), as well as lower cortisol levels (Shin et al., 2013) and lower self-harm (Britton et al., 2014).

Academically, research on practicing mindfulness in schools has also suggested improvements in cognitive performance (Dinner, Hermann-Eizner, & Watan, 2014), school self-concept (Schwartz et al., 2015), and engagement (Selver et al., 2014) as a result.

School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance
# Finding Services

Select a County in Ohio

--- Select a County ---

![Map of Ohio counties](image)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Intervention</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Assessment</td>
<td>Family Outreach</td>
<td>Parent Advocacy</td>
</tr>
<tr>
<td>Liaison/Case Management (CPST)</td>
<td>Classroom Assistance</td>
<td>Teacher Consultation</td>
</tr>
<tr>
<td>Individual/ Family Counseling</td>
<td>Classroom Check-ins</td>
<td>Classroom Presentation</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>After School</td>
<td>Referrals</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>1:1 Supervision/Mentoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Topical Groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summer Program</td>
<td></td>
</tr>
</tbody>
</table>
How are these resources shared?

ODE and OMHNSS Webpages

E-blasts through List-serve

Regional Consultants

www.education.ohio.gov  Keyword search: Project AWARE

www.resources.oberlinkconsulting.com
Community Partners

Vycki Haught
Warren County ESC

Angela Patchen
Wood County ESC

Mary Wise
Education Service Center of Northeast Ohio
Wood County
Angela Patchen- Project AWARE Coordinator

- **Wood County demographics:**
  
  617 square miles – 7th largest county in the state
  
  Population: 129,730 – 22nd largest population
  
  Average travel time to work: 20 minutes
  
  20.7% under 18 years of age
  
  93.4% white
  
  93.7% High school graduate or higher; 30.8% Bachelor’s or higher

- **Our schools**
  
  9 districts = 6 “local” districts, 2 exempted village, 1 city
  
  1 vocational center serving 5 counties
Community Management Team (CMT)

July 2009 – June 2014

Basic CMT membership and structure were already in place.

Members represent:

- Juvenile Court
- Children’s Services
- Health Department
- ADAMHS Board
- School Superintendents*
- Sheriff’s Office**
- Children’s Resource Center***

October 2014 – September 2019
Wood County’s
Project AWARE Programs

- Pax
  Good Behavior Game

- expect RESPECT
  (a program of SafePlace)

- Youth Mental Health First Aid
- Trauma

www.MentalHealthFirstAid.org
Wood County’s CMT

- **Role**
  - More than “just” an advisory board
  - *Active* participation

- **Group development**
  - Everyone knew everyone

- **Functioning**
  - Willing to speak up in meetings
  - Meeting attendance
  - Subcommittees
Wood County’s CMT

▶ Lessons learned:
  ◀ Education has a unique set of challenges.
  ◀ People in leadership roles need a reason to attend meetings.
    ▶ Don’t be afraid to cancel meetings.
    ▶ Build hype!

▶ Future Plans:
  ▶ Increase their investment
  ▶ Sustainability thinking and planning
Cuyahoga County
Mary P. Wise, Project AWARE Coordinator
Cuyahoga County
Mary P. Wise, Project AWARE Coordinator
Cuyahoga County Project

AWARE Goal

Three Areas of Focus

Positive Behavioral Interventions and Support (PBIS)/Interconnected Systems Framework (ISF)

System Navigator and Service Coordination Team Process

Youth Mental Health First Aid Training and other Professional Development opportunities
Community Management Team (CMT)

Through existing partnerships and committee, the membership was defined.

- ESC/CC, FCFC, ADAMHS, Juvenile Court, Department of Children and Family Services (DCFS), Board of Developmental Disabilities, Starting Point: Out of School Time, Help Me Grow, Invest in Children, Cuyahoga County school districts.

- School Based Mental Health providers, Mental Health Advocacy Coalition, Recovery Resources, National Alliance for Mental Illness (NAMI), Fatherhood Initiative, Cleveland Clinic Foundation (CCF), Case Western Reserve University.
Role of the CMT

- Coordinates and communicates across agencies and systems of implementation.
- Provides coordination and leadership for team and action plan implementation.
- Facilitates the collection, aggregation and utilization of data for decision making.
- Develop the Mission and Vision statement.
- Develop and Assess training needs, arranges training experiences and develops capacity.
- Identification of Gaps and Barriers to access Behavioral health services.
- Sharing of Resources
Lessons Learned

- Communication structure
- Maintain and expand relationships between systems
- Ongoing Resource Sharing
- Access to data for decision-making
- Professional Development planning across systems
- Establish consistent protocols
Sustainability

- Staffing for mental health providers
- Advocacy and funding
- Documentation and data
- Collaboration between systems
- Best practices and resources
  - MTSS/PBIS and systems
  - Sharing info
  - Identifying gaps and resources
FUTURE PLANS:
Why continue to collaborate?

- CMT members appreciate the expertise of various partner backgrounds
- Workgroups have been established to revise or strengthen current protocols
  - Transition and Re-Entry Workgroup
  - Mental Health in Schools Workgroup
- Raise awareness on the services and resources available between the systems to best meet the needs of students
- Plan CMTs role to integrate work with established Educational Network
Mission Statement: To help local community collaborations improve the overall mental, physical and behavioral health, well-being and educational needs of children and families in Warren County.

Vision Statement: Warren County children and families will be productive citizens by being more socially and emotionally resilient.
County Demographics

• Warren County population: approximately 224,500 residents.
• One of the fastest growing counties in the state.
• Classified by the state as rural, yet the county is anchored on both the north (near Dayton) and south (near Cincinnati) end of the county by two rapidly growing suburbs.
• The largest high school in the state is in the south suburban city.
Warren County School Districts

Eight locally controlled school districts. Additionally, there is a Career Center, Grades 11 & 12, an Alternative School and a Learning Center focused on behavioral Health needs.

Four priority schools were chosen based on the number of students participating in the Free/Reduced lunch program – low of 35% - 60%. Three of the four are highly funded Title I School Districts. Mobility rates are high in these four districts.
Community Management Team (CMT)

- Time lapse between grant award and the Project AWARE team hired.

- Development of the Community Management Team was taken on by the ESC’s University Relations Coordinator, Dr. George Sehi. Dr. Sehi’s idea was to promote the importance of the Project AWARE by inviting the highest level of leadership in Warren County. This included a County Commissioner, the Sheriff, the Executive Director of the local behavioral health center/hospital and other top officials.

- Although this Executive Advisory Board HAS helped to promote Project AWARE it fell short of the goals set out by the Project AWARE State Team for the CMT.
Course Correction

- Added the Clinical Director of our largest Community Based Mental Health Center, and the Superintendents of our four priority school districts.

- How has this helped? Provided more accurate feedback from the organizations who are the focus of this grant. Schools and mental/behavioral health services.

- Project AWARE also engaged Success for School Aged Youth (SSAY), a sub-committee of Family and Children First, which is a state mandated partnership of state and local government, communities and families that “enhances the well-being of Ohio’s children and families by building community capacity, coordinating systems and services, and engaging families. Ohio FCF's vision is for every child and family to thrive and succeed within healthy communities.”

*http://www.fcf.ohio.gov/
Warren County Project AWARE Programs

• Warren County ESC
  – Home Based Therapist
  – Home Based Parent Educators using Active Parenting of Teens (EBP)
  – YMHFA Trainings
  – Trauma Training
  – School Based Support Worker at Alternative School

• Collaborations
  – PAX with Mental Health and Recovery Services
  – School Based Support Worker with Franklin City Schools
  – Collective Impact with all prevention organizations in Warren County
Lessons Learned

- Use Implementation Science or some other collaboration framework as you begin.
- Know the purpose of the group and potential activities.
- The CMT should focus on participants from all levels in order to get information that forms a “Big Picture” and to have participants in each activity ring.
- When launching a new project in a small county, over introduce the project and clearly define what it is not. What it is will often take some time to define.
- More consistent information sharing as Project AWARE was developing.
Thank you!
Project AWARE Ohio Contacts

State Co-Coordinators
Emily Jordan
Ohio Department of Education
Emily.Jordan@education.ohio.gov
614-387-2204

Cricket Meehan
Miami University
meehandc@miamioh.edu
513-529-4247

YMHFA Coordinator
Kathleen Oberlin
Ohio Mental Health Network for School Success
oberlink2@gmail.com

LEA Coordinators
Mary Wise
ESC of Northeast Ohio
mary.wise@escneo.org

Vycki Haught
Warren County ESC
vycki.haught@warrencountyesc.com

Angela Patchen
Wood County ESC
APatchen@wcesc.org

Evaluator
Kristen Morio
moriokl@miamioh.edu